AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Extraordinary Precocity in the Development of the Male Sexual Organs and Muscular System in a Child Four Years Old. By ROBERT KING STONE, M. D., Professor of Physiological Anatomy in the National Medical College, and one of the Surgeons of the Washington Infirmary. (Read to the Pathological Society of the District of Columbia.)

I have the honour to present to the Society one of the most extraordinary cases of precocious development of the male sexual organs and general muscular system now on record.

Mr. Charles S———, of this District, brought his son, Theodore, to my house on the 14th of September, 1852, his birthday, for my inspection and opinion; stating that on that day he was four years old. I at once declared my incredulity, for his height and robust development seemed those of a child at least six years older than the age he mentioned. My astonishment was greatly increased, when, on stripping the boy, he offered to my view the well-developed sexual organs of a man, and the pubes covered with a luxuriant growth of hair.

I was perfectly incredulous that the boy was born on the 14th of September, 1848; but his father said he could produce his certificate of nativity, and that he, with his mother, the midwife who delivered him, and fifty other responsible persons, would swear that he had stated his age correctly.

The boy is remarkably handsome, and when stripped, presents a form of great beauty, which is, in fact, a miniature model of a perfectly developed athletæ.

The condition of his muscular and osseous system is extraordinary; the deltoids and other muscles of the arm, forearm, back, and thorax, have the same relations to his height that those of a hard-labouring man would have of the stature of six feet. The muscles of the thigh, gluteal region, and leg, are perhaps better developed than those of the upper extremity, but in nearly the same ratio to the height.

If the child's face is concealed the examiner would declare his figure to be that of a miniature man, perfectly developed, and at least 21 years of age.

There seems to be little adipose tissue about him, the muscular prominences being clear, and well defined, as if produced by constant exercise or hard labour.

The growth of hair is distinct in the axilla, but by no means so marked as that upon the pubes. As in very robust men, the lumbar and sacral regions are covered with a thick down of dark hair.

His height is now four feet one-quarter inch, and weight nearly seventy pounds; though his mother informs me he weighed seventy-five pounds in the spring, and attributes his diminution to the great number of lumbricoides which infest him.

His penis is that of a well-developed man, measuring in a semi-flaccid state four and a quarter inches in length, and in the state of perfect flaccidity three and a half inches. The prepuce is short, leaving exposed a perfectly formed glans penis. I might state, also, that the papillæ of the corona glandis are in a state of hypertrophy, being distinctly salient, and exquisitely sensitive. The pubes are covered with a luxuriant growth of crisp, curling, dark-brown hair, as found in the adult state. In the scrotum, presenting the appearance of the adult, are two firm, apparently well-developed testicles, perhaps rather under the average size of those organs in the adult. Independently of the penis, the development of these alone would have been decidedly remarkable at that tender age.

The spermatic cords are distinct, and under the finger give the impression of perfect organs.

Carefully examined from the neck down, the appearances are those of a *perfect man*, whilst the head and face were those of a child. On examining his mouth, it was found to contain only the twenty deciduous teeth of his age, with the exception of the middle incisors of the upper jaw, which were carious to the fangs.

The head was perfectly formed, and bears a proper proportion to the development of the body.

The breadth between the ears across the cerebellum was great; in fact, the anterior development of the cranium was less than the posterior; yet the relation could not be called bad at his early age.

The boy is lively, and seems intelligent, though his speech is imperfect, but he pronounced with facility after his father. He seemed unwilling to talk of his own accord before strangers; his father informs me, however, that he is very talkative at home and quite intelligent. His temper is good, and he is almost always in good-humour, but when excited by anger, his father alone can manage him, which he does by an old-fashioned, knock-down blow.

His father observed last night, when he slept with him for the first time, a constant erection of the penis, accompanied by a nickering, like an excited stallion, and for these reasons consulted me.

The boy has almost always slept by himself, and on a hard pallet on the floor. His back and shoulders are covered with the *acne simplex* of puberty. He has never been known to attempt masturbation, nor is it known whether he has had sexual relations, although the organ has that appearance. The slightest touch of the penis excites it, and the organ becomes tumid and of the average adult size, during the requisite examination.

The voice is that of puberty, and has been so for some time.

On the 15th of September, I visited him, accompanied by my friend and colleague, Professor John Frederick May, who verified the preceding examination and my measurements.

He is the seventh child and third son of his mother; weighed eleven and a half pounds at birth, and fifty-six pounds at three years.

At birth, the glans penis was perfectly uncovered, and the hair on the pubes half an inch long; at one year, things were just as they are now.

Around the thorax under axillæ, he measures 2 feet 1¼ inches.
" hips " " 2 " 2¾ "
" thigh (middle) " " 1 " 2 "
Penis in semi-flaccid state " " 4¼ " long.
" flaccid state " " 3¾ inches *full* in circumference.

Around the arm, below insertion of the deltoid muscle, he measures 8 inches.

Around the neck he measures 1 foot.

Around the head (above ears and over hair) he measures 1 foot 8 inches.

From meatus auditorius to meatus of opposite side across the occiput, he measures 9¾ inches.

Although his neck is full, there is no remarkable development of the laryngeal cartilages, Pomum Adami.

The next question is in regard to the power of the testicles to secrete. Since I first saw this man-boy, his father has made inquiry as to this fact, and states the following to me as the result:—

On the 13th of September, he slept with a near relative, a married lady, the mother of several children. In the middle of the night, she was aroused by finding the boy closely clasped to her back, and her night dress saturated. She thought he had emptied his bladder upon her, but on carrying her hand to the part, she found that it was saturated with a *very different and glutinous material* from that she expected.

I regret that I could not obtain the ejected matter to submit it to a microscopical test. The boy is extremely fond of embracing the opposite sex, though nothing further has been ascertained. In no other of the seven children borne by the same mother has the same condition been observed, and in comparing an elder sister of 10 years, I found she was extremely delicate, and only half an inch taller than Theodore.

I have several times seen him during an attack of nickering, and am satisfied that it is produced by a tendency to epilepsy.

Since writing this account, I have been furnished by Dr. W. A. Williams with a certificate, stating that he has known the family of Charles S——— for the last seven years; that he knows Theodore was born in September, 1848; that he saw Theodore when a very young infant, in the arms of his mother, and knows, from having seen him almost every week since that time, that he is the same child who was presented to the Pathological Society of the District of Columbia, by Dr. R. K. Stone, on Friday, Sept. 17, 1852.

Further, Dr. Williams states that he has attended the family professionally for about eighteen months, and was a student of medicine at the time Theodore was born; and that he was first aware of his precocious sexual development in January 1852, from actual inspection, though he had been informed of it at an earlier date.

In terminating this simple statement, I may observe that the father presented extreme precocity, having experienced his first sexual indulgence at the age of 8 years. He informed us that between the ages of 10 and 13 years he was a *better man* than he has even been since. Delicacy forbids my detailing his prowess at that early age.

This extraordinary case will be perfectly under control for some time, and I will most willingly make any further observations which may be dictated by better heads.

It will be observed, that this is perhaps one of the most extraordinary cases on record, and I will now proceed to a hasty examination of a few of those to which reference has been made for me, in an exceedingly brief space of time, by my friend, Dr. R. D. Coolidge, U. S. A.

Precocious Puberty in Males.—1. An Account of a Child 3 Years Old. By GILBERT BRESCHET, M.D. *Philadelphia Journ. of the Med. and Phys. Sciences*, 1821, vol. iii. pp. 417–18. James A. Sarin, born 20 October, 1817; 3 years and one month old at report; weighs 50 pounds, 3 feet 6¾ inches high; penis when flaccid, 4 inches long, and 5¼ when erect. Testicles *not enlarged* in proportion to penis.

2. *Good's Study of Medicine*, p. 73. N. Y. edition of 1829. BOISET, in the *Journal des Savans*, gives a case of a boy 3 years. *Philosophical Transactions*, 1745, boy 2 years 11 months. These were cases of great salacity, and no description given. Mr. DANKES, of St. Ives, near Huntingdon, reported the "Prodigium Willinghamense." The boy was buried at Willingham, and his

epitaph was, "Born October 31, 1741, died September 3, 1747. At one year had signs of manhood, not 3 years was nearly 4 feet high; stupendous voice, and he died of premature old age."

3. PLINY (*Hist. Nat. Lib.* 8, c. 17), reports a boy at Salamis 4 feet high, and attaining puberty at 3 years.

4. The case seen by CRATERUS, brother of Antigonus (*Phlegon, De Mirabilia*, c. 32), who was infant, youth, adult, father, old man, and corpse in 7 years.

5. *Milburger's Curiosities*, several cases.

6. Case reported by A. LOPEZ, M. D., of Mobile. *Amer. Journ. Med. Sciences*, vol. v. 1843, p. 500. Mulatto boy aged 3 years 10 months, and 15 days; weight 82 pounds; height 4 feet half inch; width around chest 27½ inches; belly 27 inches; thigh 19 inches; arm 9½; circumference of head 22 inches; length of penis at rest 4; circumference 3½; his scrotum has a fair proportion to the other developments; but the *testes* have not descended; has whiskers; axillæ hairy; teeth 20, and *deciduous;* lifts a man of 140 pounds; covered with *acne simplex* (as Theodore S——— is) of puberty. Has spermatic odour, but not known whether he has venereal appetite; judge from stains on his shirt.

To these, I could add from *Beck's Med. Jurisp.*, p. 519, vol. i. 1838, several cases in both sexes.

Very many cases of precocious development in the female might be adduced; but to them I do not care to draw your attention; it is only necessary to recall the fact that the mother of a family on the banks of the Ganges need only be 9 years of age.

There has been no time to investigate this subject fully, but I think it will be difficult to find a case comparable to the one which I now present you. In most of the cases to which reference has been made, there is something wanting; and when we examine the totality of the appearances, there is not one, except the case described by Craterus, which approaches the proportion of Theodore S———.

WASHINGTON, D. C., *Sept.* 1852.

Case of Secondary Hemorrhage of the Femoral Artery and Successful Ligation of External Iliac. By Drs. BOWIE and HASTINGS.—BROWN SMITH, Esq., was shot through the middle of the left thigh, in Stockton, with a pistol ball, on the 13th of April last. He lost a great deal of arterial blood, at the time, it was said, and once again when bleeding took place in bed. The limb was bandaged tightly at the time of the wound, and the bleeding ceased. Four days after, he was brought to San Francisco. In twenty-four hours after his arrival, a large pulsating tumour was perceived in the site of the inner wound, directly over the track of the femoral artery, the pulsations of which ceased upon pressure being made over the femoral just as it passes over the ramus of the pubis. It was determined to take up the femoral above the origin of the profunda, which operation was performed by Dr. Bowie on the 18th inst., assisted by Dr. Hastings. The patient went on well, and the wound looked healthy; the ligature came away on the ninth day, and no hemorrhage occurred, but an impulse was communicated to the wound by arterial pulsation. Five days after the ligature came from the femoral artery hemorrhage from this vessel took place, and notwithstanding there was a friend constantly by him who was prepared for the emergency, he bled until he was in a perfect bath of arterial blood, and the assistants were bespattered with blood from head to foot; Mr. Smith, almost pulseless, with countenance pale and anxious, complained of vertigo, and of being scarcely able to see. Firm pressure was applied to the femoral artery as it passed over the ramus of the pubis. In this state, Dr. Hastings was called in (Dr. Bowie having gone out of town), about 7 A.M., the 2d of May last. Assisted by Drs. Mills and Nott, Dr. Hastings cut down upon the external iliac artery and ligated it about two inches below the bifurcation, brought the wound together by adhesive straps and applied cold water to the wound; kept the wounded limb surrounded by bottles of hot water, and supported the patient with brandy.

May 2, 12 o'clock. Has violent twitching of limbs when dozing or when waking from sleep; skin cold and clammy; left limb exceedingly cold; features pinched, countenance anxious, pulse fluttering; continued brandy and water alternated by a nutritious soup.

3*d*. 7 A. M. Complained of pain in the groin and lower part of abdomen, pulse fluttering; there is rather a free dark bloody discharge from bullet wounds in thigh; limb cold. 1 P. M. Complains of pain about the umbilicus; great thirst. Treatment continued; allowed to chew ice. 8 P. M. Passed urine freely of light colour; an enema of water brought away a small quantity of good fecal matter, all other conditions the same. Treatment continued.

4*th*. 7 A. M. Nervous startings increased; complains of more pain; left limb very cold, skin generally cold, pulse fluttering; dozes a good deal, has had profuse sweats during the night. Treatment continued. 1 P. M. No change; wounds in groin and abdomen discharging pus; skin less cold; pulse fluttering, but can be counted at about 40 in the quarter minute; pain about umbilicus still continues. 1 A. M. Still the same; a slight fecal discharge by water enema; urinates freely.

5*th*. 7 A. M. Pulse 30 to 35 in the quarter minute, but imparting a vibratory impulse to the touch; skin and left limb not so cold; perspiration less profuse, and nervous and muscular startings less violent; sleeps a great deal; complains of a strange sensation about the head, fears he is losing his mind; countenance anxious. Treatment continued. 1 P. M. Wounds discharge pus freely; pulse becoming more steady, withdrew artificial heat from limb and reduced the stimulant. 8 P. M. Pulse 25 to 30 in the quarter; skin more natural; left limb remains of good temperature; bullet wounds in thigh discharge less grumous matter, the others suppurate moderately and look well; feels comfortable, but complains of not being able to sleep; has no pain. 1 A. M. Reapplied artificial heat to left limb during the night, has dozed comfortably.

6*th*. 7 A. M. Slept well during the night; had a good passage this morning by injection; skin more natural and moist; pulse 25 in quarter minute, soft and comparatively full; has some appetite, and expresses himself well; countenance tranquil; withdrew artificial heat and stimulants, increased diet by eggs and oysters. 1 P. M. Wounds suppurating freely and looking well; symptoms all favourable.

7*th*. 8 A. M. Slept well; has a good appetite, and feels perfectly comfortable.

Put him upon full nutritious diet, and administered daily a water injection. From this time out he went on improving without an uncomfortable symptom; the ligature came away on the twenty-second day, and in a short time he entirely recovered.

On the Duration and Extent of the Protective Power of Vaccination. By O. C. Gibbs, M. D., of Perry, Lake County, Ohio.—The question concerning the duration and extent of the protective power of vaccination, has from time to time, since the days of the illustrious Jenner, engaged the serious attention of the medical profession. As yet, the anxious question remains unsettled. Dr. Gregory, of London, as well as others, have of late been trying to shake that confidence which the sanguine predictions of Jenner inspired. Among the conflicting opinions, the public are anxious to know which is the right; are anxious to know what is the *extent and duration* of the protective power of vaccination.

Dr. Gregory asserts that the protecting power of vaccination is far less than of variolous inoculation; and also, that the comparative slight safety which it offers is but *temporary* in duration.

It would seem as though the combined experience of the medical profession might set this question forever at rest, if that experience was based upon unexceptionable observation. My experience, like that of every country practitioner, who has numbered but a few years of practical observation, is slight, yet such as it is, it bears directly upon the question under notice.

In the winter of 1850, I was called to see a boy who had never been vaccinated, and in whose case the variolous eruption was just making its appearance. There were six other members in the family, varying from two to forty years of age, all of whom had been vaccinated but the two youngest, whose ages were, respectively, two and four years. The parents had been vaccinated when young; I had been vaccinated when but eight years of age, and neither they nor I had been revaccinated, neither were we. On the following day, I vaccinated those who had not previously been, with vaccine matter which was several years old. The vaccine disease was produced in the oldest of the two, but not in the younger. On the third day from the first vaccination, I revaccinated the younger, and the vaccine disease failing to appear, on the third day from the last vaccination I performed variolous inoculation; but, fortunately, on the following day, the vaccine disease was manifested through the first vaccination, and it run its regular course, rendering the variolous inoculation abortive. This child, the rest of the family, and myself, all escaped the disease. There was but one room in the house, and that confined and filthy.

The mother was four months pregnant, went her full time, and was delivered of a child presenting no marks of previous disease.

Since the above, I have attended one case in a family of five persons, all of whom had been vaccinated but the subject of the disease. The remainder of the family escaped the smallpox, though the parents had been vaccinated for at least thirty years, and had never been revaccinated.

Here are persons repeatedly exposed with impunity to the variolous contagion, who have had the vaccine disease thirty years before, and others, with equal impunity, who took the cowpox eight days after the smallpox exposure.

These facts, of course, are too limited from which to draw a safe conclusion; yet, they induce us to hope that an accumulation of closely scrutinized observations may lead us to a more favourable conclusion than that advanced by Dr. Gregory and his compeers in opinion.

PERRY, LAKE COUNTY, OHIO, *August* 20, 1852.

Cure of Consumption by Cod-liver Oil. By JESSE YOUNG, M. D., of Chester, Pennsylvania. (In a letter to the Editor.) In the January No. of this Journal, for 1849, the writer of this article reported a case of consumption cured with cod-liver oil. Since the report of the case, the subject thereof has passed through two severe attacks of epidemic catarrh, and with as little difficulty as did others who had never suffered from lung disease. She, however, in both attacks, on account of the persistence of the cough, resorted, for a week or two on each occasion, to the use of the oil, with entire relief. She has been cautioned, repeatedly, not to neglect catarrhal affections when attended with cough, however slight other symptoms might appear; partly on account of what she has passed through, but particularly on account of the *period of life*, at which she has fully arrived; several months have gone by since the disappearance of the catamenia, and as yet she does not appear disturbed by the change. Her health is as good as ever it was; there is, however, she thinks, rather more tendency to cough from slight causes than formerly, but she has nothing like a fixed cough, nor anything else different from other persons who enjoy the most robust health. About two months ago, I auscultated her chest. I found in the left axilla, where the cavity had been, an indurated spot, perhaps one inch, or an inch and a half in diameter; around it, for something like two or three inches, rather loud (puerile) respiration. In no other part of the lungs was there discovered anything variant from natural sounds.

Medicine has rarely effected a more complete triumph over extreme disease than in this instance. This is the first case, so far as my knowledge goes, of the use of that article, in that form of disease, in this country. The apothecaries of the city knew nothing of the article; and when "white cod-liver oil" was inquired for, many of them said they had never heard of it, and knew not what it was. Since that time, however, it has become common enough, and there is reason to believe that there have been as many gallons of the oil sold, as there have been codfish caught. When unadulterated, its effects, in cases to which its use is at all adapted, are such, that it has gone on increasing in the estimation of the faculty, until it has become one of the standard articles, ranking not inferior to any of our other most valuable medicines.

Since 1849, the writer has used it extensively, not only in diseases of the lungs, but in different forms and stages of scrofulous affections, marasmus of children, the sequelæ of measles, pertussis, catarrhal and other forms of fever, where the strength of the patient was far exhausted, with loss of appetite, night-sweats, pain in the bones, and restless, uneasy nights, and where I should scarcely have known what else to recommend, and in no instance has it disappointed my expectations. In several cases of marasmus, in children from three months to four or five years of age, where iodine in every form, syrup of sarsaparilla, &c. &c., had failed entirely, the cod-liver oil has changed the state of affairs, and its use for two, three, or four weeks has restored the children to health, without the use of any other means. In coughs, and debility consequent on the effects of catarrh in old persons, no other article can compare with it. And yet it is not a *catholicon;* it certainly requires discrimination to derive the best effects from it, and to know the forms of disease to which it is applicable; and for want of this, some of our physicians ridicule it even now, because they have recommended it in some few instances, without judgment or discretion, and they have not seen any good come of it. If this rule of condemnation is to be applied to every article in which we are disappointed in its producing the expected results, where shall we find our remedies for any disease? Who has not been disappointed in the use of mercury, even in syphilis, without referring to hosts of other affections; and of iodine, in scrofulous tumours and ulcers; and even in the effects of cathartics, in their producing emesis, and the reverse? And yet we do not banish them because they disappoint us. Certainly, by means of this article alone, or as an adjunct to others, many cases of disease hitherto incurable can be cured entirely; and many others, where perfect cures cannot be effected, life may be prolonged for months or years, which could not be done without it. The writer is accustomed frequently to prescribe whatever other articles may seem indicated in the progress of a case exactly as though the oil were not in use. Lugol's solution, or hydriodate of potassa, or calomel, even to affecting the gums slightly, and keeping them tender for weeks; cough mixtures, of whatever kind were deemed best, all by turns have been used with the oil; or some-times suspending it entirely for a time, when the indications for its use were not evident, then resuming it, *but not for the sake of using it,* but to meet some particular indication, exactly as any other article could be used. In this way, I have produced results entirely beyond anything I could have reasonably anticipated, in many cases, and which could not have been produced without the oil.

CHESTER, *May* 25, 1852.

Remedy for Intussusception of the Bowels. By A. S. BALDWIN, of Jacksonville, Florida. (Extract from a letter to the Editor.) Having recently seen in the medical periodicals, several reports of *post-mortem* examinations, in cases of intussusception of the bowels, I am induced to send you an account of a rather simple, but what appeared to me a very effectual remedy for this complaint, in a case which came under my care about four years ago, when I had despaired of affording relief by the ordinary remedies. If it shall seem to you to have sufficient merit, it may, perhaps, by giving it publicity in your journal, induce other members of the profession to give it a trial. During the last fifteen years, several cases of this complaint have come under my observation, most of which terminated fatally. The various remedies recommended were applied; among them the long elastic tube, for the purpose of throwing fluids high up into the bowels, with the hope of distending them so that the vaginated folds of the intestine might be drawn out. In some instances, at least, its use appeared to be productive of mischief, from passing through the constricted part of the intestines, so that the fluid injected was lodged in the pouch or sack existing above the point of obstruction; to ineffectually increase the distension already existing there; for, when the tube was withdrawn, no fluid was returned, and the distension was increased without having the effect to remove the difficulty. Injections administered by the common syringe were returned immediately, even while giving them, and had no effect to distend the lower bowel so as to aid in overcoming the obstruction, and the conclusion arrived at was, that adhesions existed between the folds of the invaginated parts of the bowel, and the obstruction was irremediable.

Circumstances which have occurred to me, dispose me to think that these adhesions do not take place so early, or so frequently, as many are disposed to believe. About three years ago, a case of this kind occurred in my practice, and for several days all the appliances which had been recommended had been used to overcome the obstruction, but without avail. There was a circumscribed spot, to the left of the umbilicus, and a little below it, which was painful; there was considerable distension of the abdomen, with a sensation of soreness across, but which did not amount to pain (being what is called in this country "*misery*"). Twice in this case the long tube was used, and injections thrown high up into the bowels, which, however, did not return upon the withdrawal of the tube, but added to the swelling previously existing above the point of obstruction. I was apprehensive that adhesion had by this time taken place, and as I despaired of relief by the ordinary methods, and the patient had arranged his temporal affairs and given himself up to die, I determined to distend the lower bowels, to their utmost capacity, by the injection of warm water.

An ivory tube, having a shield around it, was introduced and passed up until the shield was pressed up against the sphincter ani, a cloth was wrapped around this and pressed up firmly; the tube was now connected by an elastic tube with the pump, which was placed in a wash-basin of warm water, which was slowly injected into the bowels, pressure being kept up to prevent its return. Another basin of water was brought, half of which was thrown up. The abdomen was, of course, much distended by this quantity of fluid, and considerable rumbling and commotion of the bowels were produced, the pain at the point of obstruction was, for a moment, acute, causing the patient to cry out. The pressure and tube were removed, and we found he had the power to retain the injection until he could be helped to the chair, when about five quarts of the injection was passed; becoming faint, he was laid upon the bed, and brandy and water administered; he soon rallied, and passed as much more, coloured by fecal matter; soon after, a copious and regular, but very offensive stool was had, in which the oil, taken several days before, could be distinguished. After this, he had no farther difficulty, except debility, and a sensation of soreness at the point of obstruction, which lasted for a few days, when he returned to his work, that of a carriage-maker, and up to the present time has had no return of the complaint. Since that time I have not had so severe a case of this complaint, but in every case which shows a disposition to be obstinate, I resort to this mode of injection, with uniform and immediate success. Perhaps some of these would have been as obstinate as the one above detailed, if the former mode of treatment had been pursued; but I am fully impressed with the belief that, had this remedy been used with those cases which had proved fatal, some of them, at least, might have been saved. The case in which I first tried it was an unpromising one, on account of the long time which had elapsed since the attack before the remedy was used, sufficient for adhesive inflammation to have agglutinated together the folds of intestine involved in the intussusception.

JACKSONVILLE, KENTUCKY, *June* 3, 1852.

Obstruction of the Rectum by the Impaction of a number of Plum-stones which had been swallowed.—By R. HAZLEHURST, M. D., of Brunswick.—A strong, able-bodied negro, aged about 25, working on a canal near this place, took it into his head to eat very freely of plums, stones and all, as he says (and probably truly), without eating anything else during the day, and at two different times. Not apprehending much of consequence, a dose of castor-oil was directed, and this not having proved effectual in removing the symptoms, I had recourse to artificial means, the introduction of the forefinger with the intention of scooping them down with it. In this I might have succeeded, if I had not been prevented by the soreness of the rectum, and the inability of the patient to bear the least pressure, on the plum-stones now come down. By the continued straining and ineffectual attempts at defecation, they were completely impacted in the rectum, in the same manner that buckshot, well-chambered in a smooth-bore gun, cannot be removed by inverting or shaking the barrel. I got out four or five by several enemas of cold water, and six or seven with the finger. But the latter proceeding was so painful to the patient that he ran off into the woods. I left directions for him to take a dose of oil the next day, which brought away some more, but purged him excessively; and on the third day, when I saw him, he was much reduced, and in a state of desperation and great suffering. I examined the rectum, and found it in *statu quo*, completely plugged up with the plum-stones, only allowing liquid feces to pass through their interstices. After having tried an injection of warm water and oil without effect, I introduced my finger with the intention of removing them one by one; but as soon as I touched one with the finger he jerked away, said he was going to put on a clean shirt, and ran off again. An attempt was made to bring him back; but he appeared maddened by his sufferings, and it was found impossible to get hold of him. The next day, the fourth from his first complaining, it was feared, from his non-appearance, that he had been drowned by the tide flowing up and covering the salt marsh where he was last seen, and on which it was probable that he had laid himself down. Search was made for him for several hours, and he was at last found lying on the ground, so much reduced from hunger and suffering that he was unable to move, and had to be carried home. There was now no time to lose. I put a previous threat into execution, had him tied, introduced my finger, and sliding a pair of forceps, rounded and grooved at the extremities, alongside, was steadily employed, for the space of three hours, in removing the plum-stones one by one, until no less than one hundred and thirty were counted, besides some forty that he passed afterwards, and more before, which last were not counted, but must have made them altogether amount to two hundred and eighty plum-stones. I do not know what measure of plums these would make, but I suppose about a peck. The extraction of each stone occasioned exquisite pain, and the patient requested rest after every two or three were removed. Most of them were covered with blood, and would doubtless soon have brought on ulceration in the gut. Dysenteric symptoms, as might be supposed, have ensued, which ceased with the removal of the cause and appropriate treatment.

P.S. The patient is almost well, and by measurement it is found that he must have eaten almost ten quarts of plums, say a peck, at a moderate calculation.

BRUNSWICK, *June* 20, 1852.

Tumour connected with the Spleen mistaken for Ovarian. Incision in Linea Alba below Umbilicus. Adhesion. Introduction of Tent unsuccessful. By DAVID PRINCE, M. D., of St. Louis, Mo. (Read before the St. Louis Medical Society.) Visited (July 10, 1850) Mrs. Simpson, of Calhoun County, Illinois, aged about 40. Married, but childless; menstruation never has been materially deranged; has felt a tumour in her left side for four years. At first, she said, it was small, and confined to the left iliac region; but as it grew larger it became movable to the other side, and rose higher. Difficulty in retaining the urine followed, and at this date there is great impairment of health.

The tumour was somewhat painful over its lower part and left side, but not elsewhere. It moved freely from side to side, and while the patient was lying upon her back, the tumour was easily made to pass into the umbilical region, and even into the epigastrium. Its favourite position was the left side, extending from behind the false ribs to the iliac fossa. An apparent fluctuation existed in the lower portion of the tumour, but no semblance of this could be detected in the upper. No uterine sound was employed as a means of testing the question of the connection of the tumour with the uterus.

Diagnosis.—An ovarian tumour, probably solid, in whole or in part.

Indication.—An exploratory incision to remove the tumour, if ovarian and free; to leave it untouched, if extensively adherent; and if the adhesion should be at the point of the incision, saving the peritoneal cavity from being perforated, to introduce a tent, and leave the tumour to waste itself in suppuration.

Operation.—An incision two inches in length was made in the linea alba, midway between the umbilicus and the pubes. The omentum came into view adherent upon its anterior surface to the abdominal parietes, and loosely upon its posterior aspect to the anterior surface of the tumour. So extremely loose was this adhesion that the tumour seemed ready to roll away from the incision, yet without discovering any communication between the incision and the peritoneal cavity. The tumour, however, was readily retained in its place by pressure above and around. A trochar introduced into the tumour brought nothing away, a few drops of blood only issuing through the canula. The canula was made to pierce the tumour in various directions, breaking down its substance with a crackling sound, and still only very little blood flowed. The substance of the tumour was cut into and torn by the finger, and still but little blood came.

A tent was then introduced into the wound, two stitches employed to unite the lips at their extremities; a compress was laid on, and secured by a bandage.

Chloroform was employed, but was slow and imperfect in its effect, about an ounce and a half having been poured upon the sponge through which the patient inspired. Only an unquiet stupor was produced, from which she awoke with an imperfect memory of what had taken place.

Prognosis.—It was hoped that inflammation and suppuration might secure the complete destruction of the tumour, as was the case with Mrs. Cooper, whose case was reported in this Journal, July, 1850, page 267.

Result.—The case was left under the care of Dr. Whiting, of Rockport, Illinois, who subsequently reported that no untoward symptom occurred for four days, the patient being cheerful, and even sanguine of recovery. Upon the fifth day, sudden prostration occurred, the pulse became fluttering, the respiration difficult, and death resulted.

Autopsy.—There was a large tumour, loosely adherent upon its anterior surface to the abdominal parietes, and connected by a narrow pedicle to the spleen. The uterus and its appendages presented their usual appearance. There was no inflammation of the peritoneum, or effusion therein. Dr. W. could not tell what was the immediate cause of death, but has no doubt the patient died somewhat sooner for the means resorted to to prolong her life. As she had chosen the operation, however, with a full knowledge of the risk incurred, preferring a speedy death to a longer protraction of her sufferings, with no hope but from this means, the result was one she had calmly contemplated; the wishes of the patient were realized—a death "speedy and easy, if it must come."

No opportunity was, in this case, afforded the medical adviser to examine the tumour in the progress of its growth. Had there been, the growth would probably have been found to be from above downwards, instead of being from below upwards, as with an ovarian or uterine tumour. The account of the patient was probably incorrect. As the tumour seemed to be solid, no tapping was, of course, resorted to; had this been done, the case would have been one of "dry tapping."

Had the diagnosis in this case been correct, no operation would have been attempted.

Case of Abstinence for three months, no Food, during that period, being taken into the Stomach. By J. L. Pierce, M. D., of Fallsington, Bucks County, Pennsylvania.—On the 13th of January, 1836, my friend, Dr. May, was about leaving Philadelphia for the East, and requested me to take charge of a number of cases of considerable interest, which he then had under his care. Among these was a lady who had for many months been severely affected with disease of the stomach. As the exact character of the disease may admit of dispute, and as it is not this to which I wish to draw attention, but a peculiarity in the mode of treating it, I have headed the article in the manner it stands.

I called with Dr. May to see this patient on the 13th of January, 1836. She was about twenty-six years of age, sallow complexion, emaciated, pulse 120, feeble, but regular. A spot over the left epigastric region, of an inch and a half in diameter, was very tender on pressure, and considerable tenderness existed for some distance around it. Her appetite, though not craving, was sufficiently good to enable her to eat almost any food, though she had been restricted to a very simple diet. Her bowels were open every two or three days, passages natural. She was in the habit of vomiting several times a day, and her food was generally rejected within a few minutes after it was taken. She had been sick about three months, and had been confined to the bed a large portion of this time.

I was informed that her case had been considered as carcinoma of the stomach. Her treatment had consisted of such articles as were calculated to allay the irritability of the stomach and the vomiting, and to quiet the severe pains of the epigastric region. A constant sore had been kept up over the affected spot by means of blisters, which were dressed with anodyne ointments, and occasionally leeches were applied to the spot.

On taking charge of the case I watched it for some days very closely. I found that neither food nor medicine appeared to remain upon the stomach, but that as often as either was administered, vomiting ensued; and with the food ejected, there was from a teaspoonful to a tablespoonful of matter, such as is usually discharged from an abscess. Should nothing be taken into the stomach for some hours, emesis would take place of this kind of substance by itself. During the first week, I pursued the same mode of treatment as had been made use of formerly, but I soon became satisfied that it was altogether useless, and that the patient must sink unless some more effectual plan were adopted. The simplest medicine taken into the stomach was rejected as soon as the severer kind, and even gum Arabic water or barley water was as irritating as oysters or roast beef could have been.

Towards the close of January, I asked her if she was willing to submit for one month to an entire abstinence of all kinds of food by the mouth, and be nourished solely by enemata. The idea was a novel one to myself, but my view was that the stomach must rest, and let the character of the disease be what it might, it would thereby stand a much better chance of healing. That there was a suppurating sore in the stomach appeared evident, and rest was absolutely essential. She was now exceedingly emaciated, and so feeble that she was entirely confined to the recumbent posture.

On the 1st day of February we entered upon our new mode of treatment. I directed lamb or mutton broth of good quality to be kept constantly on hand, and a half a pint to be used as an enema every three hours. During the first week, I allowed her to take not exceeding a teaspoonful at a time of gum Arabic water or pure water, several times a day, with the request that she would lessen the frequency of it towards the latter part of the week, so as to be able to refrain from it entirely on the commencement of the second week. She very readily acceded to my wishes in every respect, and I have not the least doubt of her acting with perfect honesty towards me. I kept up a running sore over the epigastric region, which I dressed with simple cerate or basilicon ointment, sprinkled with morphia.

During the first week my patient vomited from three to six times daily, discharging pus, and a considerable quantity of matter resembling tubercles. Her sensation of hunger was at times great, but she bore it with remarkable fortitude. At the expiration of the week she was evidently more comfortable, and became increasingly so during each succeeding week of the month, at the close of which her condition was as follows: vomiting occurs on an average about twice a day; substance discharged the same as before, tinged with a little blood; tongue clean, pulse fuller than formerly, and less frequent; countenance more healthy. I now asked her if she were willing to continue the same treatment for another month. She did not hesitate in giving a prompt response; and, during this month, not a drop or morsel of anything passed her lips.

April 1. Condition in every way improved. The vomiting occurs once in two or three days, quantity less, appearance of discharge white, with but very few of those particles resembling tubercles; bowels regular; pulse 90; very little pain; strength improving.

I now requested her to continue the treatment one month longer. She consented to do so, and it was astonishing how rapidly the improvement progressed. By the middle of the month I consider the cure to have been nearly completed, but thought it best not to depart from the course we had been pursuing, lest irritation of the stomach should renew the vomiting, and other unpleasant symptoms. About the 24th of the month, I allowed her a teaspoonful of gum Arabic water three or four times a day, with directions to increase it in frequency each successive day, so that the stomach might be gradually prepared for its usual nourishment. By the close of the month I felt satisfied that the disease of the stomach had ceased, that the sore had healed, and that my patient, by a forbearance and perseverance seldom equalled, had been rescued from an untimely grave. She was now able to sit up a considerable portion of the day, a part of the time attended to some needle-work or knitting; could walk some distance without assistance; complexion good; pulse 80; bowels regular, and much fleshier than when I commenced my attendance upon her.

I continued calling on the patient occasionally until the 18th of May, when I took my leave of her, with many blessings showered upon my head.

In consequence of her removal to Southwark, I lost sight of this patient for nearly two years, when I accidentally met her in the street. Her appearance had so much improved that I scarcely recognized her; and she assured me that she was in the enjoyment of uninterrupted health.

Case of Narcotism. By T. M. Woodson, M. D., of Sumner Co., Tenn.—In the number of the *American Journal* for April last is published an interesting case of poisoning with opium, by Dr. Young. I find recorded in my note case-book the following similar case, which I place at your disposal for publication, if you think proper:—

I was called, on the 18th August, 1850, 9 o'clock A. M., to see an infant five days old. Its mother became alarmed on being unable to arouse it, or induce it to suck. She had given it, during the latter part of the night, as she supposed, a dose of paregoric; does not know how much. It soon fell asleep, as she supposed, and nothing wrong was suspected until a few minutes before I saw it.

Countenance pallid; pulse feeble, thread-like, and scarcely perceptible; respiration slow, interrupted, attended with occasional moaning; skin cool and clammy; extremities cold; eyes half open, drawn forcibly upwards and outwards, pupils contracted, did not dilate when light was removed; slight spasmodic contraction of muscles, of face and extremities. Gave it a few drops of brandy, and applied cold water to its head, to be continued until it was aroused. I visited again next morning, and to my utter astonishment found it relieved. It began to recover late in the evening, but the cold water was not discontinued until late at night, when it sucked freely.

On examining the vial from which the medicine had been given, I found it to be Bateman's drops, used to the dregs, which is stated by Wood and

Bache to contain about the same amount of opium as the camp. tinct. opii. This should be a warning to mothers against the use of nostrums.

This case proves clearly the efficacy of cold affusion, in excessive narcotism, being the only remedy that could be used at the time, as it was too late for emetics, the poison having lain in the stomach eight or nine hours, and the child was too young for the ordinary remedies used in such cases. I therefore repose the utmost confidence in cold water, as being the safest and surest means adapted to all stages and cases.

HANNA'S P.O., SUMNER CO., TENNESSEE, *April* 28, 1852.

Case of Rupture of the Uterus. By J. L. PEIRCE, M. D., of Fallsington, Bucks County, Pennsylvania.—On the 10th of December, 1835, when I resided in Philadelphia, I was called at one o'clock A. M. to a coloured woman, in labour with her second child. The membranes had ruptured at three o'clock the previous afternoon, and when I entered the room I found the pains were very strong, but not of the character we term "bearing down." The os uteri was dilated to the size of a half dollar piece, and I ascertained that it was a vertex presentation, and that the antero-posterior diameter of the pelvis was very much contracted. After waiting two hours, the head having advanced but little, I endeavoured to take a nap. In about an hour the groans of the patient had ceased, and on going to her I was alarmed at the altered condition of things. She was cold as death; in a profuse perspiration; the abdomen was exceedingly tender; the pulse imperceptible; and she was shaking violently. Upon making an examination per vaginam, I found that the head had receded so that it could not be touched, and there was an entire absence of pains. Thinking to bring on a gradual return of them, I administered five grains of ergot every fifteen minutes for one hour, but without effect. In this state of the case, I sent for my friend, Dr. J. K. Knorr, to confer with. On his arrival, no favourable change having taken place, we concluded to consult Dr. Janney, who immediately suggested the probability that a rupture of the uterus had taken place. On examination, Dr. J. found that this suggestion was correct, and that the child had passed into the cavity of the abdomen. He brought down the feet, and with great difficulty the body was delivered; but every effort to bring down the head by instruments, or otherwise, proved unavailing, until at length it was severed from the body. After a long time spent in fruitless endeavours, as a last resort the brain was evacuated, and then by means of the guarded crotchet and blunt-hook, the head was extracted. The patient bore the operation with the greatest fortitude—scarcely a complaint escaped her lips. Of course, she was exhausted. We had her placed in a comfortable position, and kept as quiet as possible. Some brandy was given immediately, and ten grains of carb. ammonia with twenty-five drops of acetated tinct. of opium were administered every half hour. The cold and pulseless state continued through the day and most of the night. On the following morning, a slight degree of warmth was restored to the body, and by noon, to the elbows; but the pulse was still imperceptible. The abdomen was exceedingly distended with flatus. Frictions with ol. terebinth. and with tinct. capsici were used from the time of her delivery. Stimulants and opiates were used as freely as was deemed prudent. At 3 o'clock P. M. her breathing became laboured, and at about 7 o'clock in the evening she was released from her sufferings, thirty-four hours after delivery had been effected.

On the succeeding day, a *post-mortem* examination was made. The uterus was found severed from the vagina on its anterior portion, and the os uteri was torn on each side to the extent of several inches. The uterus was scarcely at all contracted. The antero-posterior diameter of the superior strait measured three inches; but the circumstance to which the rupture was to be attributed was the existence of a spinous process upon the superior posterior portion of the symphysis pubis, of about three-quarters of an inch in length, terminating in a sharp point. The constant and severe pressure of the fœtus for so long a period upon this process no doubt caused the vagina and uterus to give way.

DOMESTIC SUMMARY.

Chemical Examination of the Mineral Water of Cooper's Well, near Raymond, Mississippi.—Dr. J. L. Smith, Professor of Chemistry in the University of Louisiana, has published (*Western Journ. Med. and Surg.*, July, 1852) the following analysis of the water of Cooper's well, which enjoys a local celebrity for its efficacy in chronic diseases of the bowels.

"The water analyzed was collected in the month of December, 1851, and part of the examination was made at the source.

The water is derived from a well dug to the depth of one hundred and seven feet in a porous sand rock, which is covered in some places with a coarse conglomerate of pebbles, consolidated by oxide of iron. The depth of the water in the well seldom exceeds five feet; it is said to flow in at the bottom from three different sources, and it will be well to examine their general characters separately, so soon as the water from them can be obtained. It flows most abundantly in winter, and therefore the summer water might be expected to contain more mineral matter. The country around is broken, remarkably dry, enjoying a reputation for general salubrity, and its convenient proximity to the Vicksburg and Jackson Railroad is calculated to make it the first watering-place in the Southwestern country, either as a resort for invalids or pleasure-seekers.

Chemical Examination of Cooper's Well Water.—Temperature, 64° Fahr., the air being at 53° Fahr.

Taste—not unpleasant; slightly mineral.

Odour—little or no odour, although at times it is said to have distinctly that of sulphuretted hydrogen.

Colour—transparent, with small yellow flakes floating in it.

Specific gravity	100,147

Gas contained in one gallon,

Composed of oxygen	20
" nitrogen	68
" carbonic acid	trace
" sulphuretted hydrogen	trace

Substances contained in one gallon are:—

Sulphate of soda	11.705	grains.
" magnesia	23.280	"
" lime	42.122	"
" potash	.608	"
" alumina	6.100	"
Chloride of sodium	4.260	"
" calcium	4.025	"
" magnesium	3.480	"
Silica	1.801	"
Peroxide of iron	3.362	"
Crenate of lime	.311	"

The deposit which collects from concentrating the water, or after it has stood for a time, contains in 100 grains:

Crenate of lime	2
Peroxide of iron	35
Sulphate of lime	25
Water	38

The iron was found altogether in the yellow particles which float about the water, although it is more than probable that at certain seasons of the year it must be found in the clear water also.

The water when kept loses none of its properties, as has been proved by strict analysis; and at all times, when the effects of the iron are sought for, the sediments should be drunk along with the clear water.

The concentrated water appears to lose nothing but a portion of its sulphate of lime. So in that form, when diluted with pure water, similar medical effects might be expected to those produced at the spring; but, of course, like all other mineral waters, it is only at the source that the patient can expect most advantage; and it is equally true that precautions are to be observed in the use of Cooper's well water.

The diseases to which the water appears mostly adapted are chronic intestinal diseases, which embrace a class too numerous to be mentioned in this report. It has also been found eminently useful in dropsical affections, as well as in inflammation of the bladder. In the short space of twelve or fifteen years, it is impossible to discover all the diseases to which a water of this description is adapted, as chemical analysis alone cannot guide us in making its application. The remarkable virtues of this water, in the character of diseases before alluded to, are known and acknowledged by several of the most eminent physicians of New Orleans, Mississippi, and Alabama."

Early Operation for Harelip.—Dr. A. L. Peirson, of Salem, in common with the best surgeons of the day, advocates the early performance of the operation for harelip, and in a late number of the *Boston Medical and Surgical Journal* (Sept. 15), furnishes some observations in favour of that practice.

"On the 2d of February, 1851," he says, "I was called to operate on a child in Marblehead, born with a harelip. The late Dr. Briggs, who knew my preference in favor of an early operation, sent for me immediately on the birth of the child. I performed the operation when the child was but twelve hours old. I operated in the usual manner, with scissors and sutures. My method is to use three simple sutures, one far up in the nostril, one at the epithelium of the lip, where the cutis terminates, and one midway between these. The wound healed at every point by the first intention, and the child was put to the breast on the sixth day, which was as soon as lactation was established.

On the 22d of May, 1852, a healthy male child, with a harelip, was born in my practice. It had a cleft palate and superior maxillary bone, and the left alæ nasi more than usually dilated, flattening the nose and giving a hideous expression to the countenance. I operated when the child was six hours old. I dissected up the skin very freely, separating the cartilage from the bone, and then brought the parts together with sutures, taking especial care that the upper one should be sufficiently high up in the nostril. Union by first intention followed, and the child nursed readily in six days.

For some years I have been more and more satisfied that operations in surgery are most successful as they approach nearest to the period of birth. In the earliest infancy the recuperative powers seem to be strongest. I have also remarked that the sensibility to pain is less distinctly marked at first, than after a few days. In the last-mentioned case of harelip operation, the child actually slept while the lip was being dissected from the maxillary bone.

It was formerly generally believed that the earliest infancy was the period when the system was most liable to convulsions. I have been led to doubt this maxim, and to believe that the nervous system is more easily excited, the more its function is called into exercise, and this is certainly not the case immediately after birth. A newly-born child also sleeps more, and when awake is less observant and prone to motions of the extremities, than after a few days of extra-uterine life. The anxiety and unhappiness of the parents, also, are of so much shorter duration as we operate earlier on the patient."